

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90204 012 ****61.25

DOCUMENT # 709063

1. Corporation Name

HIBISCUS GRANGE NO. 201 INC.

Principal Place of Business

14 S. MAGNOLIA ST.
P.O. BOX 186
FELLSMERE FL 32948

Mailing Address

14 S. MAGNOLIA ST.
P.O. BOX 186
FELLSMERE FL 32948

2. Principal Place of Business

21 **32 N. Broadway**

Suite, Apt. #, etc.

22

City & State

23 **Fellsmere FL**

Zip

24 **32948**

Country

25 **IR**

2a. Mailing Address

26 **Hibiscus Grange**

Suite, Apt. #, etc.

27 **P.O. Box 155**

City & State

28 **Wabasso**

Zip

29 **FL**

Country

30 **32970**

3. Date Incorporated or Qualified

06/01/1965

4. FEI Number

23-7213497

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HONYOTSKI, ANN
14 S. MAGNOLIA ST.
P.O. BOX 186
FELLSMERE FL 32948

10. Name and Address of New Registered Agent

81 Name

Betty Wintermute

82 Street Address (P.O. Box Number is Not Acceptable)

4725 - 84th St.

83

P.O. Box 155

84 City

Wabasso

FL

85 Zip Code

32970

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Betty Wintermute**Betty Wintermute**

DATE

3/3/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **T** ☒ DELETENAME **HONYOTSKI, ANN**
STREET ADDRESS **14 S. MAGNOLIA ST.**
CITY-ST-ZIP **FELLSMERE, FL 32948**TITLE **P** ☒ DELETENAME **LEVAN, EVELYN**
STREET ADDRESS **14095 109TH ST**
CITY-ST-ZIP **FELLSMERE FL**TITLE **D** ☒ DELETENAME **HORVATH, JOSEPH**
STREET ADDRESS **903 BAREFOOT BLVD**
CITY-ST-ZIP **BAREFOOT BAY FL**TITLE **D** ☐ DELETENAME **WINTERMUTE, BETTY**
STREET ADDRESS **4725 84TH STREET**
CITY-ST-ZIP **WABASSO FL**TITLE **D** ☐ DELETENAME **PERRY, DONALD**
STREET ADDRESS **116 N LIME ST**
CITY-ST-ZIP **FELLSMERE FL**TITLE **S** ☒ DELETENAME **DRITMAN, RICHARD**
STREET ADDRESS **8255-125TH PLACE**
CITY-ST-ZIP **SEBASTIAN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T LOUISE SMITH** ☒ Change ☐ Addition1.2 NAME **PO Box 127 Hickory St.**
1.3 STREET ADDRESS **Fellsmere FL 32948**
1.4 CITY-ST-ZIP2.1 TITLE **P** ☒ Change ☐ Addition2.2 NAME **Revis Akers**
2.3 STREET ADDRESS **111 Oklander St.**
2.4 CITY-ST-ZIP **Fellsmere FL 32948**3.1 TITLE **D** ☒ Change ☐ Addition3.2 NAME **Evelyn Levan**
3.3 STREET ADDRESS **14095 109th St**
3.4 CITY-ST-ZIP **Fellsmere FL 32948**4.1 TITLE **A** ☒ Change ☐ Addition4.2 NAME **Arthur Moore**
4.3 STREET ADDRESS **6 GAIL RD.**
4.4 CITY-ST-ZIP **Sebastian, Fla. 32958-3501**5.1 TITLE **D** ☒ Change ☐ Addition5.2 NAME **Donald Griffin**
5.3 STREET ADDRESS **1234 So. Waterway Dr.**
5.4 CITY-ST-ZIP **Barefoot Bay, Fla. 32976**6.1 TITLE **S** ☒ Change ☐ Addition6.2 NAME **Betty Wintermute**
6.3 STREET ADDRESS **4725 84th Street - P.O. Box 155**
6.4 CITY-ST-ZIP **WABASSO FL 32970**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Betty Wintermute****3/3/99 561-589-4674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0020498